



MEDICAL REPORT TO COVER ABSENCE DURING EXAMINATIONS

**In cases of illness the student shall present to the home Faculty/Institute/Centre/School this medical report, as proof of illness, which shall be signed on each page by a medical practitioner.
This report must be presented to the Faculty/Institute/Centre/School Office not later than 24 hours after the commencement of the first examination listed below.**

PART A – TO BE COMPLETED BY PRACTITIONER

If the medical condition is: a psychiatric/mental health issue, a certificate by a psychiatrist is required whereas in case of a personal trauma/issues, a certificate by a warranted psychotherapist or warrant counsellors is required.

Student's Surname _____ Student's Name _____

Student Code/ID Card No. _____ Course and Year _____

Faculty/Institute/Centre/School _____

1. I hereby certify that at the request of the student named above, I examined the student on:

2. In my opinion, the student could not reasonably be expected to sit for the examination/s. Here are the details of the consultation that I have carried out.

History

Examination

Clinical Findings

Diagnosis

In conclusion, I certify that this student is NOT fit to sit for any examinations from (date) to (date) due to the following findings:

3. The student is unable to sit for examinations in the next:

24 hours

2 days

3 days

Other

4.1. This is an acute / chronic problem for this student and is likely to recur.

4.2. This is not an acute or chronic problem.

PRACTITIONER VERIFICATION:

Name: _____ Registration No.: _____

Mobile No.: _____ Email address: _____

Signature: _____ Date: _____

Stamp

In order to ensure the best interest of the student concerned, this certificate will be reviewed internally by the Board to review Reasons Absence from Assessments before it is accepted and you may be contacted again for clarifications or if this certificate is incomplete.

PART B – TO BE COMPLETED BY STUDENT

Academic Year _____

Semester 1 Examination Session

Semester 2 Examination Session

September Examination Session

DETAILS OF THE EXAMINATION/S FOR WHICH THIS MEDICAL REPORT IS BEING PRESENTED

DATE OF EXAMINATION	TIME	STUDY-UNIT CODE	TITLE OF STUDY-UNIT

Signature of Student: _____ Date: _____

I am aware that in cases of repeated absences, the University may refer students to a board appointed by Senate to determine whether these absences are justified.

Signature of Student: _____

For Faculty Use Only:

Medical Report received on: _____ at: _____

Receipt issued by: _____